	BE	EST AVAI	LABLE	COP	Y	•	ه دور دور		09/	87	949			
[PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2000								Application or Docket Number RSW92000174					
	CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								YIIIY	OTHER THAN OR SMALL ENTITY				
T	OTAL CLAIMS	163				R/	TE	FEE	1 1	RATE	FEE			
FK)R	NUMBER FILED		MUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00			
π	OTAL CHARGEA	42 minus 20=		· 23		Xs	9=		OR	X\$18=	414			
ON	DEPENDENT CL	(p mir	nus 3 =	ં _ુ	3 x		0=		OR	X80=	240			
M	JLTIPLE DEPEN	DENT CLAIM P	RESENT				+135=			OR	+270=	,		
	* If the difference in column 1 is less than zero, enter "0" in column 2						TO	TAL		OR	TOTAL	1364		
	CLAIMS AS AMENDED - PART II (Column 1) . (Column 2) (Column 3)							OTHER THAN						
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 43	Minus	4	3	- /	XS	9=	, .	OR	X\$18=			
	Independent	. 6	Minus	***	6	- /	X4	0=		OR	X80=			
1E	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							15=	1	OR	+270=	7		
1 y / / / / /							ADDII	OTAL		OR	YOTAL ADDIT, FEE			
	9/26/05 (Column 1) (Column 2) (Column 3)													
N B	va. "lw"	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	iest Ber Ously	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 43	Minus	4	3	- /	xs	9=	,	OR	X\$18=			
	Independent	. 6	Minus	•••	6	•/	X4	Q=	1	OR	X80=	7		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)5=	/	ОЯ	+270=	7		
								OIL		OR	YOYAL			
1	12.25	(Cotumn 1)	ADDIT	. FEE	<u></u>		ADDIT. FEE							
101		(Column 1) CLAIMS REMAINING AFTER			IEST BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN This SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN This SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number bund in the appropriate box in column 1.

FORM PTO-675 (Rev. 8/00)

Total

Independent

OR

OR

QR

OR ADDIT. FEE

X\$ 9=

X40=

+135=

X\$18=

XBO=

+270=